

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 19-DEC-2011	TIME 22:05:00	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE 280	4. BEAT/OCCUR 0621								
	5. POSITION 9161	6. LAST NAME WELLS JR	7. FIRST NAME JAMES L	8. STAR NO. 12881	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 510	12. HT. 200	13. WT.				
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT. 30-JUL-2001	15. EMPLOYEE NO. 006	16. UNIT & BEAT OF ASSIGNMENT 0602	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 601	27. WT. 175					
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT), HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? EMS 24	34. BY WHOM? EMS 24	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED 720 ILCS 5.0/12-3-A-2, 720 ILCS 5.0/12-5-A	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA						
	38. <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
	REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>						
		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>	OTHER _____						
		OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____						
		MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____						
39. <input checked="" type="checkbox"/> DNA		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION								
WEAPON DISCHARGE INCIDENT		POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS OTHER					
					45. MAKE/MANUFACTURER [REDACTED]	46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]					
				49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]					
				54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]					
				59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CATDRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	70. EVENT NO. [REDACTED]					
			63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	71. RD NO. [REDACTED]							
			66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	73. REPORTING MEMBER (Print Name) WELLS JR, JAMES L 19-DEC-2011 23:25:53	STAR/EMPLOYEE NO. 12881	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) BARRY, KEVIN J	STAR NO. 1816	SIGNATURE [REDACTED]	DATE REVIEWED 19-DEC-2011 23:28:17	TIME
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

After being advised of his Miranda Rights by R/Lt. per the PBPA handbook on 19 December 2011 at 2216 hrs. in the 006th District processing area, the arrestee repeatedly yelled at R/Lt. that he did not hit that officer. The arrestee appeared to be under the influence, his speech was slurred, he was confused and continually yelled unintelligible words. R/Lt. observed a scratch above his right eye and requested a CFD ambulance for treatment. No other injuries were visible nor did the arrestee complain of any.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts and information available at this time, R/Lt. has concluded that the officer's actions were in compliance with Department procedures and directives.

CL# obtained from CPICC at 2350 hrs. per PO Kochan #7160

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1050779 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

SEARS, MARGARET A

SIGNATURE

DATE COMPLETED

TIME

19-DEC-2011 23:56:29

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT
 OFFICER BATTERY REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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